

# SUPPLEMENTAL MONTHLY INCOME REPORT

Senior Parent  
(Supplement to the CA 7/SAWS 7)

CASE NAME:

CASE NUMBER:

REPORT IS FOR MONTH OF:

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

## INSTRUCTIONS:

- Fill in this form and return it with your Monthly Eligibility Report (CA 7) by the 5th of the month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 11th of the month, your cash aid and cash-based Medi-Cal may be delayed, lowered, or stopped.
- Questions, ask your worker.

1. Does your parent(s) get income, money, or benefits, such as: earnings, Social Security, Unemployment/Disability Benefits, SSI/SSP, Railroad Retirement, worker's compensation, interest from stocks, bonds, savings accounts, child/spousal support, training payments, earned income tax credit, strike benefits, loans, grants, tax refund, cash, lottery winnings, gifts, rental income, etc? ☐ YES ☐ NO

If YES, list who received the money, the source, gross amount before deductions, and actual date received in the month. ATTACH paystubs or other proof of your parent's earnings this month. ATTACH proof for any other income only when it starts and when it changes. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses this month.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED
NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED
NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

2. Did the number of persons living with your parent(s) who are claimed as Federal tax dependents change? ☐ YES ☐ NO  
If YES, explain the change. List name of person(s) and date of change.

3. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If YES, give name of person(s), amount paid and ATTACH proof. ☐ YES ☐ NO

NAME	AMOUNT PAID \$	NAME	AMOUNT PAID \$

4. Does your parent(s) make child and/or spousal support payments for anyone not living in the home? If YES, give name of person(s), amount paid and ATTACH proof. ☐ YES ☐ NO

NAME	AMOUNT PAID \$	NAME	AMOUNT PAID \$

## CERTIFICATION

- I understand that failing to report information or true facts can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
- I understand that the facts I report may result in my benefits being denied, lowered or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE INCOMPLETE.**

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED



COUNTY USE ONLY